

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

2007-121-T

185304

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 3/30, 2007

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

The Civilized Taxi, Inc.

2. (a) Street Address of Applicant 728 Kingsmill Lane

Lake Wylie, SC 29710

- (b) Mailing address, if different from street address

SAME

- (c) Telephone Number 888.800.0017 SS No.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

RECEIVED

APR 05 2007

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

JBS

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: March Year: 2007

Assets:	
Cash	\$15,000
Receivables	
Real Estate	500,000
Buildings and Equipment-Net	
Motor Vehicles-Net	95000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	2500
Total Assets	\$612,500
Liabilities and Equity:	
Accounts Payable	
Notes Payable	86000
Mortgages Payable	418000
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$504000
Capital Stock	\$165000
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$504,000

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF York

I, Spencer Hilliard Denham, Operator
 (Name of Applicant's Representative) (Title)

of Civilized Taxi, the Applicant for the Certificate of Public (Applicant's Name)
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
 Application are true and correct.

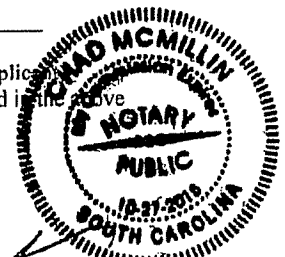
SWORN TO BEFORE ME

At Lanawyn, South CarolinaThis the 22nd day of March 2007

Mad Y. Hill
 (Notary Public)

Commission Expires 10/27/2015

Spencer Hilliard Denham
 (Signature of Applicant's Representative)



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is The Civilized Taxi, LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is 728 Kingsmill Lane

Clover 29710
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is SmallBiz Agents, Inc. Michael Banner
Name Signature Michael Banner, President SmallBiz Agents, Inc.

and the street address in South Carolina for this initial agent for service of process is

341 Hampton St.
Street Address
Gilbert 29054
City Zip Code

4. The name and address of each organizer is

(a) Karen Sena
Name
PO Box 13092 Tucson
Street Address City
AZ 85732
State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

070312-0208 FILED: 03/12/2007
CIVILIZED TAXI, LLC THE
Filing Fee: \$110.00 ORIG
Mark Hammond South Carolina Secretary of State

The Civilized Taxi, LLC

Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
Name

Street Address City

State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(c) _____
Name

Street Address City

State Zip Code

(d) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Spencer H. Denton & Kathryn F. Denton - all debts - Autos, Insurance

**Appointment of Member(s)
By
Organizer**

The undersigned Organizer of The Civilized Taxi, LLC
who signed and filed the Articles of Organization with the state of South Carolina
hereby appoints the following individual(s) to be the initial member(s) of the limited
liability company:

<u>Spencer H. Denton</u>	<u>728 Kingsmill Lane, SC 29710</u>
<u>Kathryn F. Denton</u>	<u>728 Kingsmill Lane, SC 29710</u>
<u> </u>	<u> </u>

Any future changes in membership shall be reflected in the Limited Liability Company's
Operating Agreement.

Organizer hereby attests that he/she is acting as the sole organizer for this
company.

Signed: Karen Senn

Karen Senn
(Organizer's Name)

Date: 03/09/2007

PERSONAL FINANCIAL STATEMENT OF

NOTE: Any willful misrepresentation could result in a violation of Federal Law (Sec. 18 U.S.C. 1014)

TO BANK OF YORK, P.O. Box 339, York, South Carolina 29745

(Number of Lender)

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX

☐ Individual - If you check this box, provide Financial Information only about yourself.☐ Individual - relying on my income/assets as well as income assets from other sources.☐ Joint with

Relationship

☐ Check this box if you are applying for joint credit or are married and reside in a community property state. You must provide financial information about yourself and the other person.

Name

SPENCER DENTON

Birth Date

Statement Date

Address

728 KINGSMILL LANECity ClaytonState/Zip SC

Social Security No

Home Phone

1-314-4858

No. of Dependents

Bus. or Occupation

BANKING

Bus. Phone

704-386-2744

Note: Complete all of Section II BEFORE Section I

SECTION I

ASSETS			Thousands	Hundreds	Cents	LIABILITIES			Thousands	Hundreds	Cents
1. Cash On Hand and in Banks	Sec. 11-A		10	000	00	21. Notes Due to Banks	Sec. 11-A				
2. Cash Value of Life Insurance	Sec. 11-B					22. Notes Due to Relative & Friends	Sec. 11-H				
3. U.S. Gov. Securities	Sec. 11-C					23. Notes Due to Others	Sec. 11-H				
4. Others Marketable Securities	Sec. 11-C					24. Accounts & Bills Payable	Sec. 11-H				
5. Notes & Accounts receivable - Good	Sec. 11-D					25. Unpaid Income Taxes Due - <input type="checkbox"/> Federal <input type="checkbox"/> State					
6. Other Assets Readily Convertible to Cash - Itemize						26. Other Unpaid Taxes & Interest					
7. <u>Ameriprise</u>			139	000	00	27. Loans on Life Insurance Policies	Sec. 11-B				
8. <u>Stock Options</u>			20	000	00	28. Contract Accounts Payable	Sec. 11-H				
9.						29. Cash Rent Owed					
10. TOTAL CURRENT ASSETS						30. Other Liabilities Due within 1 Year - Itemize					
11. Real Estate Owned	Sec. 11-E		495	000	00	31.					
12. Mortgages & Contracts Owned	Sec. 11-F					32.					
13. Notes & Accounts Receivable - Doubtful	Sec. 11-D					33. TOTAL CURRENT LIABILITIES					
14. Notes Due From Relatives & Friends	Sec. 11-D					34. Real Estate Mortgages Payable	Sec. 11-E	426	000	00	
15. Other Securities - Not Readily Marketable	Sec. 11-C					35. Liens & Assessments Payable					
16. Personal Property	Sec. 11-G		40	000	00	36. Other Debts - Itemize <u>UNS. DEBT</u>		63	568	00	
17. Other Assets - Itemize						37.					
18.						38. Total Liabilities		489	568	00	
19.						39. Net Worth (Total Assets minus Total liabilities)		94	432	00	
20. TOTAL ASSETS <u>+ 20,000</u>			684	000	00	40. TOTAL LIABILITIES & NET WORTH		684	000	00	

ANNUAL INCOME			ESTIMATE OF ANNUAL EXPENSES		
Salary, Bonuses & Commissions		\$ 112,000	Income Taxes		\$
Dividends & Interests		\$	Other Taxes		\$
Rental & Lease Income (Net)		\$	Insurance Premiums		\$
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.			Mortgage Payments		\$
Other Income - Itemize		\$	Rent Payable		\$
Provide the following information if Joint Credit or Individual - relying on income/assets from other sources box is checked above:			Other Expenses		\$
Other Persons Salary, Bonuses & Commissions		\$			\$
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					\$
Other Income of Other Person - Itemize		\$			\$
TOTAL			TOTAL		

GENERAL INFORMATION			CONTINGENT LIABILITIES		
Are any Assets Pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes (See Section II)			As Endorser, Co-maker or Guarantor		\$
Are you a Defendant in any Suits or Legal Actions <input type="checkbox"/> No <input type="checkbox"/> Yes			On Leases or Contracts		\$
(Explain):			Legal Claims		\$
Have you ever been declared Bankrupt in the last 7 years <input type="checkbox"/> No <input type="checkbox"/> Yes			Federal - State Income Taxes		\$
(Explain):			Other -		\$

SECTION II

A. CASH IN BANKS AND NOTES DUE TO BANKS (List all Real Estate Loans in Section II-E)

NAME OF BANK	Type of Account	Type of Ownership	On Deposit	Notes Due Banks	COLLATERAL (If Any) & Type of Ownership
<u>Bank of America</u>	<u>Checking</u>	<u>1</u>	<u>\$ 15,000</u>	<u>\$</u>	
<u>First US State</u>					

(Complete Rest of Section II on Reverse Side)

Cash on Hand
TOTALS\$ 10,000
(Enter Sec. I Line 1)\$
(Enter Sec. I Line 2)

B. LIFE INSURANCE (List only three policies that you own)

C	D, LIFE INSURANCE (List Only three policies; enter year below)	E	F	G	H
COMPANY	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Co.	Other Loans Policy as Collat'l	BENEFICIARY
\$	\$	\$	\$	\$	
TOTALS			(Enter Face) Line 2c \$	(Enter Due) Line 2d \$	

C. SECURITIES OWNED (Including U.S. Gov't Bonds and all other Stocks and Bonds)

Face Value-Bonds No. of Shares Stock	DESCRIPTION Indicate those Not Registered In Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value M'ktable Securities	MARKET VALUE Not Ready Marketable SECURITIES	Amount Pledged to Secure Loans
	America's (Holt, Engle)			145,000			\$
TOTALS				\$	\$	\$	

D. NOTES AND ACCOUNTS RECEIVABLE (Money payable or Owed to You Individually - Indicate by a ✓ if Others have an Ownership Interest)

MARKET/DEBTOR	✓ When Due	Original Amount	Balance Due Good Accounts	Balance Due Doubtful Accounts	Balance Due Notes Relatives & Friends	SECURITY (If Any)
		\$	\$	\$	\$	
TOTALS		\$	\$	\$	\$	

(Enter Sec 1 Line 13) (Enter Sec 1 Line 13) (Enter Sec 1 Line 14)

F. REAL ESTATE OWNED (Indicate by a ☒ if Others have an Ownership Interest)

REAL ESTATE OWNED (Indicate by check) (Enter name of owner in column 1)										
TITLE IN NAME OF	✓	Description & Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Insurance Carried	MORTGAGE OR CONTRACT PAYABLE			
							Bal. Due	Payment	Maturity	To Whom Payable
DEWTON		PRIMARY 1ST		\$	\$ 495,000	\$ 525,000	326 K	2331		BoP A
		" 2nd			495,000	\$25,000	10016	\$ 782		BoP A
TOTALS					\$	TOTALS	\$			

F. MORTGAGES AND CONTRACTS OWNED (Indicate by a ✓ if Others have an Ownership Interest)

MORTGAGES AND CONTRACTS OWNED									
Cont.	Mlge.	✓	MAKER		PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
			Name	Address					
							\$		\$
TOTALS									\$

G. PERSONAL PROPERTY (Indicate by a ✓ If Others have an Ownership Interest)

C. PERSONAL PROPERTY (Indicate by check if vehicle has an ownership interest)						LOANS ON PROPERTY	
DESCRIPTION	<input checked="" type="checkbox"/>	Date When New	Cost When New	Value Today	Balance Due	To Whom Payable	
Automobiles—			\$	\$	\$		
US Senate CU → PMT 9010			\$	\$ 0	\$ 385.34		
B of A CC →				0	25,034		
TOTAL			\$	\$			

(FBI Form No. 1 (Rev. 1-78))

H. NOTES (Other than Bank, Mortgage and Insurance Company Loans), ACCOUNTS AND BILLS AND CONTRACTS PAYABLE

PAYABLE TO	Other Obligations (If Any)	When Due	Notes Due To Relatives & Friends	Notes Due 'Others' (Not Banks)	Accounts & Bills Payable	Contracts Payable	COLLATERAL (If Any)
				\$	\$	\$	
				TOTAL	\$		

(Enter Rec. 1 Line 18)

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify any and all items indicated on this statement in any manner it deems appropriate including, but not limited to, obtaining a credit history report. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition. The undersigned acknowledges that I/We have been advised that making false statements, or reports, or willfully overvaluing any land, property, or security for the purpose of influencing this credit to be extended will subject Me/Us to possible criminal liability under the law.

Date Signed 3/29/10 Signature [Signature] Signature [Signature] (Other Person If Applicable)

LAKE WYLIE CHAMBER OF COMMERCE

2007

CERTIFICATE OF MEMBERSHIP

Issued March to

THE CIVILIZED TAXI, LLC

Susan D. Bromfield
Susan D. Bromfield
President

More spacious than a first class airline seat, more comfortable than most luxury sedans, this remarkable sedan offers world-class styling, combined with comfort and detailing through out.

Service Now Available in:
Lake Wylie, SC
888.800.0017



civilized
adj.
- Showing evidence of moral and intellectual advancement; humane, ethical, and reasonable:
- Marked by refinement in taste and manners; cultured; polished

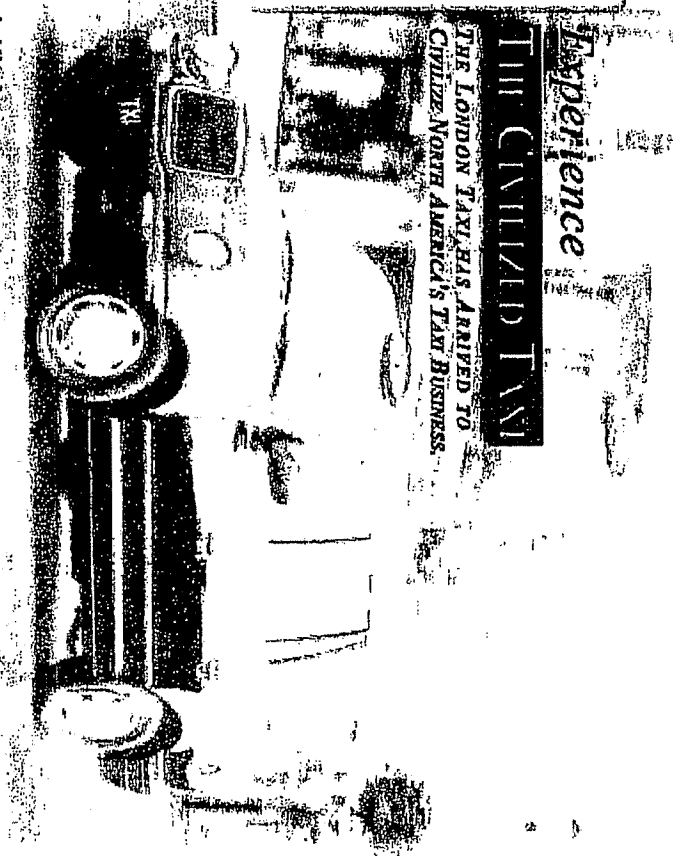




EXHIBIT C

CLASS C - TAXI_____

CHARTER_____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant The Civilized Taxi, LLC

For the transportation of passengers as follows:

Area to be served: Lake Wylie, SC York County, SCNumber of passengers: Up to 5 passengersFares: \$25 w/in 5 mile radius of
the Buster Boyd Bridge in Lake Wylie
\$10 for each addition 5 milesDate 3/22/2007Sam Oenter
ByOperations
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Steven A. Smith
(Applicant)

Date: 3/22/2007

(Applicant's Representative)

Operations
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Brown & Brown of South Carolina
(Name of Motor Carrier)

2070 Northbrook Blvd, Suite A-6, North Charleston, SC
(Address of Motor Carrier)
800-849-9494 29410

Amount of Premium:

Liability Insurance \$9904.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

Brown & Brown

(Insurance Company Name)

SAMC AS Above

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

From: Michele Gasque-Thornley [mailto:mgasque-thornley@bbscarolina.com]
Sent: Friday, March 02, 2007 4:46 PM
To: Denton, Spencer
Subject: RE: Limo Service - Supplemental Application

Spencer:

I have your quotes as follows:

2 units - BI/PD	Premium	Total Insured Value	Comp / Coll. Ded.	Liability Ded.
1 Million Liability	\$9003.94	\$102,000 (\$51,000 Each Unit)	\$2,500	\$500
1 Million Liability	\$9904.00	" "	\$1,000	\$500
500,000 Liability	\$9,294.00	" "	\$1,000	\$500

Note:

All quotes above include \$100,000 UM/UIM Limits (Uninsured / Underinsured)

Let me know if any of these quotes are acceptable. We can certainly place coverage for you whenever you are ready.

Hope you have an enjoyable weekend.

Michele Gasque-Thornley
Account Manager
E-mail address: mgasque-thornley@bbscarolina.com
(843)797-1774, Ext. 118/Fax (843)797-1703
The nation's 9th largest insurance broker
Please understand that coverage cannot be bound or altered by use of an electronic message. You must speak with a licensed insurance representative personally.

CONFIDENTIALITY NOTICE: The information contained in this communication, including attachments is privileged and confidential. It is intended only for the exclusive use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited if you have received this communication in error. Please notify us by telephone immediately. Thank you.

-----Original Message-----

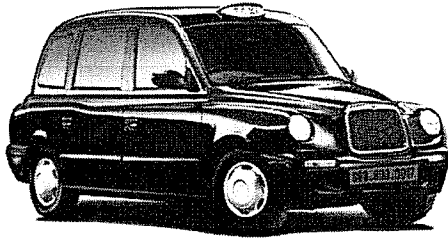
From: Denton, Spencer [mailto:Spencer.Denton@bankofamerica.com]
Sent: Thursday, March 01, 2007 10:32 AM
To: Michele Gasque-Thornley
Subject: RE: Limo Service - Supplemental Application

No rush, just checking in on the status.

Regards,
Spencer Denton

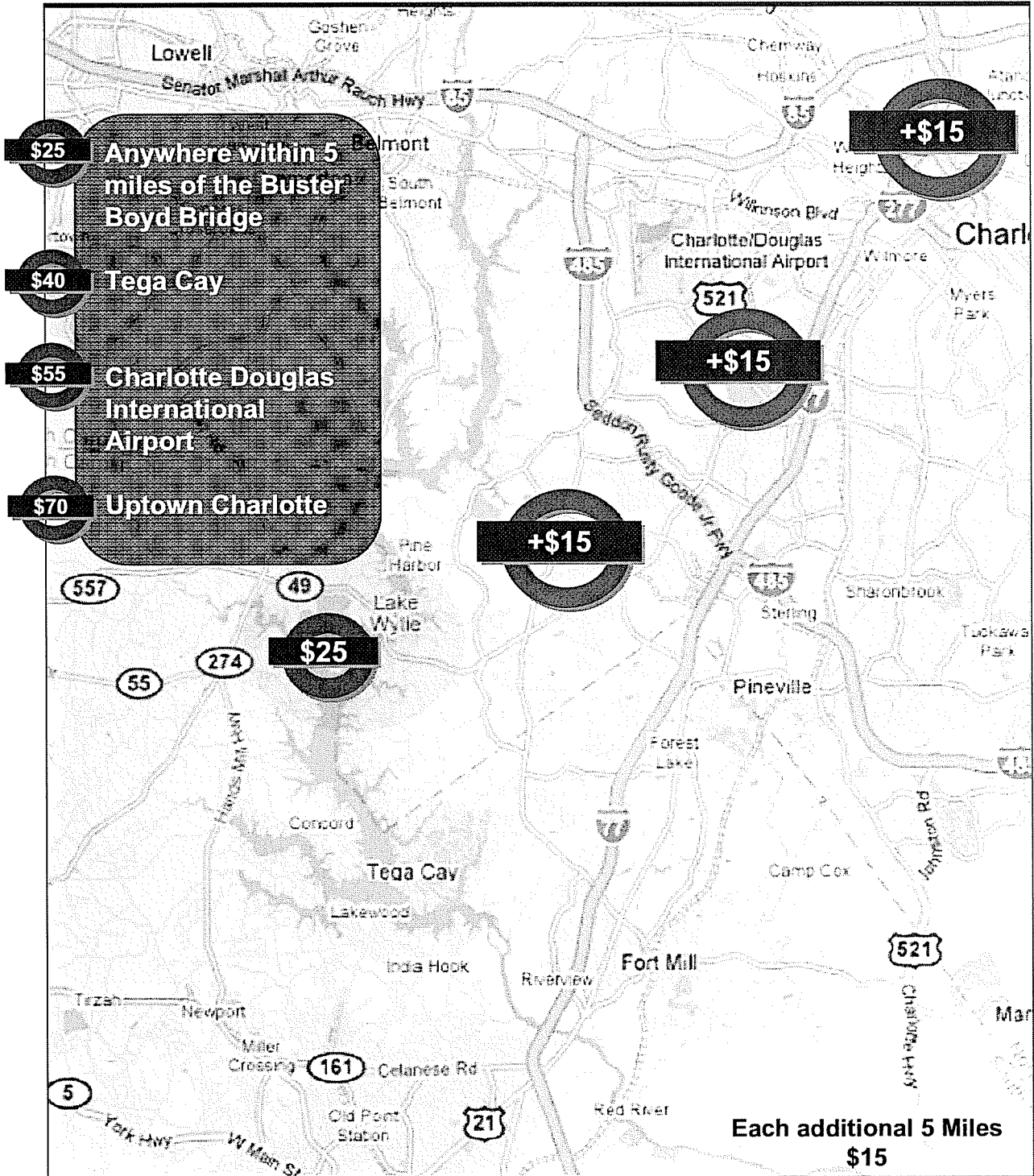
From: Michele Gasque-Thornley [mailto:mgasque-thornley@bbscarolina.com]
Sent: Wednesday, February 28, 2007 8:25 AM

3/19/2007



The Civilized Taxi®

Transportation Rates:



TheCivilizedTaxi.com ~ 888.800.0017

Hourly Flat Rates and Event Packages Available

03/27/2007 TR01-07